

CLAIMS ONLY							Application Number 10170271092	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	15	15	15	15	15	15	Total Depend					
Total Claims	18						Total Claims					